

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-018	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
		4. PROPOSED EFFECTIVE DATE 4/1/08 07/01/08	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CRF Parts 431, 440, and 441 CMS 2237-IFC		7. FEDERAL BUDGET IMPACT: a. FFY \$NA b. FFY \$NA	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1D to Attachment 3.1A/B Service 19a Case Management -- Substance Abuse or Dependency Adults		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1D to Attachment 3.1A/B Service 19a Case Management -- Substance Abuse or Dependency Adults	
10. SUBJECT OF AMENDMENT: TCM Program compliance with 2237-IFC.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X <input type="checkbox"/> OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Duane Prichard for JC</i>		16. RETURN TO: Montana Dept. of Public Health and Human Services John Chappuis Deputy Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13. TYPED NAME: John Chappuis			
14. TITLE: Deputy Director			
15. DATE SUBMITTED: 6/30/08			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/30/08		18. DATE APPROVED: 9/23/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/08		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: ARA, DMCHD	
23. REMARKS:			